## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

<u>Mail</u>

Mail Stop ISSUE Fee Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450 (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed the property of t

otherwise in Block I, by	(a) specifying a	new correspo	indence address; and/or (	<ul> <li>b) indicating a separate</li> </ul>	"FEE AL	DDRESS" for maint	enance fee r	notifications.		
CURRENT CORRESPO Block 1)	NDENCE ADI	ORESS (Note:	Legibly mark-up with a							
WOODCOCK WASHBURN LLP Cira Centre 2929 Arch Street, 12th Floor Philadelphia, PA 19104-2891										
					MED INV		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/658,443 TITLE OF INVENTION:	: -	09/08/2003			u Kuramo	oto		TIC-0049	4736	
FLUID PUMP  APPLN. TYPE  Nonprovisional	SMALL I		ISSUE FEE \$1400	PREV. PAID ISSU \$0	E FEE	PUBLICATIO \$300	N FEE	TOTAL FEE(S) DUE \$1700	DUE DATE 07/09/2007	
EXAMINER ART UNIT DWIVEDI, VIKANSHA S 3746						SS-SUBCLASS 17-410300				
<ul> <li>☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>						attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unle	ess an assignee on of this form	is identified b	BE PRINTED ON THE elow, no assignee data w titute for filing an assign	ill appear on the patent.	pe). If an ass	ignee is identified b		ocument has been filed for re	ecordation as set forth in 37	
(A) NAME OF ASSIGNEE  Kabushiki Kaisha Toyota Jidoshokki						(B) RESIDENCE: (CITY & STATE OR COUNTRY)  Japan				
Please check the appropriate assignee category indicated below (will not be printed on the patent)						☐ individual ☑ corporation or other private group entity ☐Government				
4a. The following fee(s) are enclosed:						4b. Payment of Fee(s):(Please first reapply any previously paid issue fee shown above)				
☑ Issue Fee ☑ Publication Fee						□ A check in the amount of the fee(s) is enclosed.      □ The Commissioner is hereby authorized to charge any deficiency or credit any				
Advance Order - # of Copies 12						overpayment of the fees associated with this communication to Deposit Account No. 23- 3050.				
5. Change in Entity Stat  a. Applicant claims SM	us (from status			□ h Annlio	<b></b>		ALL ENTE	TY status. See 37 CFR 1,27	(-)(2)	
Authorized Signature	My	tre 6	Lunn		Date	July 6,	-	11 status. See 37 CFR 1,27	(g)(2).	
Typed or printed name Michael P. Dunnam Registration							,2,007			
The Director of the USPT Publication Fee (if require States Patent and Tradem	ed) will not be a	to apply the Is accepted from	suc Fee and Publication anyone other than the ap	Fee (if any) or to re-appoplicant; a registered att	ply any proorney or a	eviously paid issue agent; or the assigne	fee to the ap	pplication identified above. arty in interest as shown by	NOTE: The Issue Fee and the records of the United	
This collection of information Confidentiality is governe form to the USPTO. Tim	ation is required ed by 35 USC 1 he will vary dep- mation Officer,	22 and 37 CF ending upon t U.S. Patent as	R 1.14. This collection i he individual case. Any nd Trademark Office. U.	s estimated to take 12 n comments on the amou S. Department of Com	ninutes to nt of time merce, P.	complete, including you require to com D. Box 1450, Alexa	gathering, plete this for adria, Virgin	ile (and by the USPTO to proper preparing, and submitting the rm and/or suggestions for re nia 22313-1450. DO NOT State of the control of the	ne completed application ducing this burden, should	
Under the Paperwork Red								ontrol number.		